



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
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Appl No.: 09/890514
Applicant: Darrell Meyer
Filed: October 12, 2001
TC/A.U.: 3637
Examiner: Dennis Dorsey

Confirmation No. 3496

Docket No.: 100344.0007US1
Customer No.: 34284

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of November 18, 2003, please amend the above-identified application as follows:

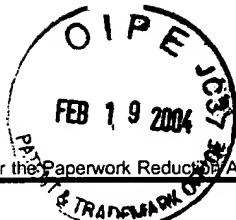
Amendments to the Specification are not included herein.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings are not included herein.

Remarks/Arguments begin on page 4 of this paper.

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PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/890,514	
	Filing Date	October 12, 2001	
	First Named Inventor	Darrell Meyer	
	Art Unit	3637	
	Examiner Name	Dennis Dorsey	
Total Number of Pages in This Submission	6	Attorney Docket Number	100344.0007US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert D. Fish, Rutan & Tucker
Signature	
Date	2/17/04

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Barbara Hayashi		
Signature		Date	02/17/2004

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